

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/009581**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		/	/			
4		/	/			
5	/		/			
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48		/	/			
49		/	/			
50		/	/			
TOTAL IND.	4		4			
TOTAL DEP.		43		43		
TOTAL CLAIMS	4	47	4	47		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
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96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS